

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047799

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 327

DO NOT WRITE
ON THIS STUD

AMENDED

FILED DEC 30 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		c. CITY OR TOWN <u>Clinton,</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton General Hosp.</u>		d. STREET ADDRESS <u>RFD. # 1,</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Bertha</u> Middle <u>Elizabeth</u> Last <u>Jones</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>21</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/26/1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeep er</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>68</u>
13a. FATHER'S NAME <u>Jacob Schneider</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Koehler</u>	14. NAME OF HUSBAND OR WIFE <u>Garland Jones</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Mrs. Ruth Keith, RFD. # 1, Clinton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock and Cardiac arrest</u> DUE TO (b) <u>Ruptured blood vessel of stomach & peritonitis</u> DUE TO (c) <u>Chronic Cholelithiasis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Cholelithiasis</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>2:30</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Clinton, Missouri</u>		COUNTY <u>Clinton</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>12/21/63</u> to <u>12/21/63</u> and last saw her alive on <u>12/21/63</u> Death occurred at <u>2:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. R. L. Hallingworth M.D.</u>		22b. ADDRESS <u>Clinton, Missouri</u>	
22c. DATE SIGNED <u>12/23/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Dec. 23, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Clinton, Missouri</u>		24. FUNERAL DIRECTOR <u>Vansant Funeral Home, Clinton, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>Dec. 23, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. A. Vansant

Licensed Embalmer No.

3779

P. O. Address

Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained 12-23-63 (M13)